EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BETADINE SITZ BATH ON EPISIOTOMY OR PERINEAL TEAR WOUND HEALING AMONG POSTNATAL MOTHERS AT DISTRICT GOVERNMENT MATERNAL AND CHILD HEALTH HOSPITAL VIJAYAPUR, KARNATAKA STATE

Ms. Saraswati S Sajjan*| Dr. Brintha Balakrishnamony**

**Research Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.*

***Professor, Himalayan University, Itanagar, Arunachal Pradesh, India.*

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ABSTRACT

Perineal pain is most usually associated with vaginal delivery with episiotomy or perineal tear.The self-care of episiotomy or perineal tear wound is an vital detail of postnatal mothers and Betadin Sitz Bath is one of the most well-known techniques of relieving episiotomy or perinealtear wound pain. Research investigator adopted descriptive and evaluative research approach.The research investigator used logical research design such as quasi experimental non-equivalent pretest posttest control group design to evaluate the effectiveness of structured teaching program on knowledge regarding betadin sitz bath on episiotomy or perineal tear wound healing among postnatal mothers at district government maternal and child health hospital Vijayapur Karnataka state. The required sample size for the present study was 294 ineach group keeping a 10% dropout rate. The research scholar collected 300 samples in each group by using purposive sampling techniques. The tool used in the present study was a structured knowledge questionnaire regarding the betadin sitz bath technique.

KEYWORDS: Perineal pain, episiotomy, postnatal.

ABOUT AUTHORS

Author Ms. Saraswati S Sajjan is Research Scholar in Himalayan University, Arunachal Pradesh, India. She has attended various Seminars and conferences.

Author Dr. Brintha Balakrishnamony has many publications in her name. She has attended and organized various National and International conferences and has given extensive lectures.

INTRODUCTION

Perineal pain is most usually associated with vaginal delivery with episiotomy orperineal tear. The self-care of episiotomy or perineal tear wound is an vital detail of postnatal mothers and Betadin Sitz Bath is one of the most well-known techniques of relieving episiotomy or perineal tear wound pain. (Behmanesh F 2013) One present day study observed out that episiotomies had been finished in 97.3% of 510 Primiparous girl's gift manner vaginal deliveries. At gift, regular antiseptic Betadin Sitz Baths are one of the techniques for treating episiotomy or perineal tear wounds.During this period the postnatal mothers should take herself care must be taken for comfort and relieving pain and to keeps moms from infection. This enhancing and restoration of episiotomy or perineal tear wound. It is one of the essential troubles after regular shipping. Puerperal infections are expensive in terms of delayed mother infant interaction, lactationdifficulties, prolonged health facility stay or readmission in health facility and multiplied expenses. The Betadin Sitz Bath will growth circulation to the perineal place and relaxes the tissue and reduces the pain. (Kaur N et al 2013).

More recent research, however, suggests that an episiotomy may actually cause more problemsthan it prevents. The procedure can increase the risk of infection and other complications. Recovery also tends to be lengthy and uncomfortable.

For these reasons, an episiotomy usually isn't performed. In some cases, however, the procedure may need to be done. Your doctor might recommend an episiotomy if:

- ✓ you are likely to experience extensive vaginal tearing during delivery
- ✓ your baby is in an abnormal position
- ✓ your baby is larger than normal
- ✓ your baby needs to be delivered early

If an episiotomy has to be done, speak to your medical doctor early on about the procedure.

Ask them why they choose to function an episiotomy throughout transport and how it wouldpossibly assist you to keep away from tearing.

TITLE

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BETADINE SITZ BATH ON EPISIOTOMY OR PERINEAL TEAR WOUND HEALING AMONG POSTNATAL MOTHERS AT DISTRICT GOVERNMENT MATERNAL AND CHILD HEALTH HOSPITALVIJAYAPUR, KARNATAKA STATE

OBJECTIVE

To assess the effectiveness of STP on knowledge regarding betadine sitz bath on episiotomy or perineal tear wound healing among postnatal mothers at district government maternal and child health hospital vijayapur, Karnataka state.

REVIEW OF LITERATURE

Cesar JA et al 2022 A single, standardized questionnaire was once utilized to all pregnant women, residents in the municipality of Rio Grande, who had kids in nearby hospitals between January 1 and December 12 of the years 2007, 2010, 2013, 2016 e 2019. Among the12,645 births that took place in the 5 years, 5,714 (45.2%) had been vaginal delivery. Of thesemothers, 2,930 (51.3%; 95%CI: 50.0%-52.6%) underwent episiotomy. Over this period, theepisiotomy charge reduced from 70.9% (68.4-73.5) in 2007 to 19.4% (17.1-21.7) in 2019. The adjusted evaluation confirmed an excessive PR of episiotomy incidence amongst girls who had been younger (PR = 2.23; 95%CI:1.89-2.63), had greater training (PR = 1.21; 95%CI: 1.03-1.42), had greater household earnings (PR = 1.25; 95%CI: 1.10-1.41), had been primiparous (PR =3.41; 95%CI: 2.95-3.95), had prenatal care in the personal zone (PR = 1.25;95%CI: 1.07-1.46), had oxytocin-induced labor (PR = 1.18; 95%CI:1.09-1.27), underwent forceps(PR = 1.32; 95%CI: 1.16-1.50), and whose new child weighed 4,000 g or greater (PR = 1.43; 95%CI: 1.14-1.80). Although the occurrence of episiotomy fell sharply inside the studied period, its prevalence is greater probably amongst females at decrease danger of starting complications.

Sangkomkamhang U et al 2020 The randomized managed trial was once carried out to evaluate hobbies versus restrictive episiotomies in Thai female giving delivery vaginally. 3006 ladies had been randomly assigned to restrictive (1502) and movements (1504) episiotomy. There was once no distinction in extreme perineal laceration between the agencies (RR0.72, 95% CI 0.46-1.12). Restrictive episiotomy resulted in greater intact perineum's in multiparousgirls (RR 3.09, 95% CI 2.10-4.56). Restrictive episiotomy multiplied the chance of vaginal laceration in primiparous (RR 1.96, 95% CI 1.62-2.37) and multiparous girls (RR 2.21, 95% CI 1.77-2.75) however did no longer lead to greater suturing. There had been related dangers of cervical laceration, postpartum hemorrhage, wound complication, delivery asphyxia, and admission to neonatal intensive care unit

Khresheh R et al 2019 A cross-sectional study, using a self-administered survey questionnaire, was conducted among midwives and obstetricians in three public hospitals in Jordan. 112 (87.5%) clinicians responded to the questionnaire. Low knowledge level of evidence about overuse and risk of episiotomy was identified among participants with a significant difference among obstetricians and midwives ($P<0.05$). Results revealed that both

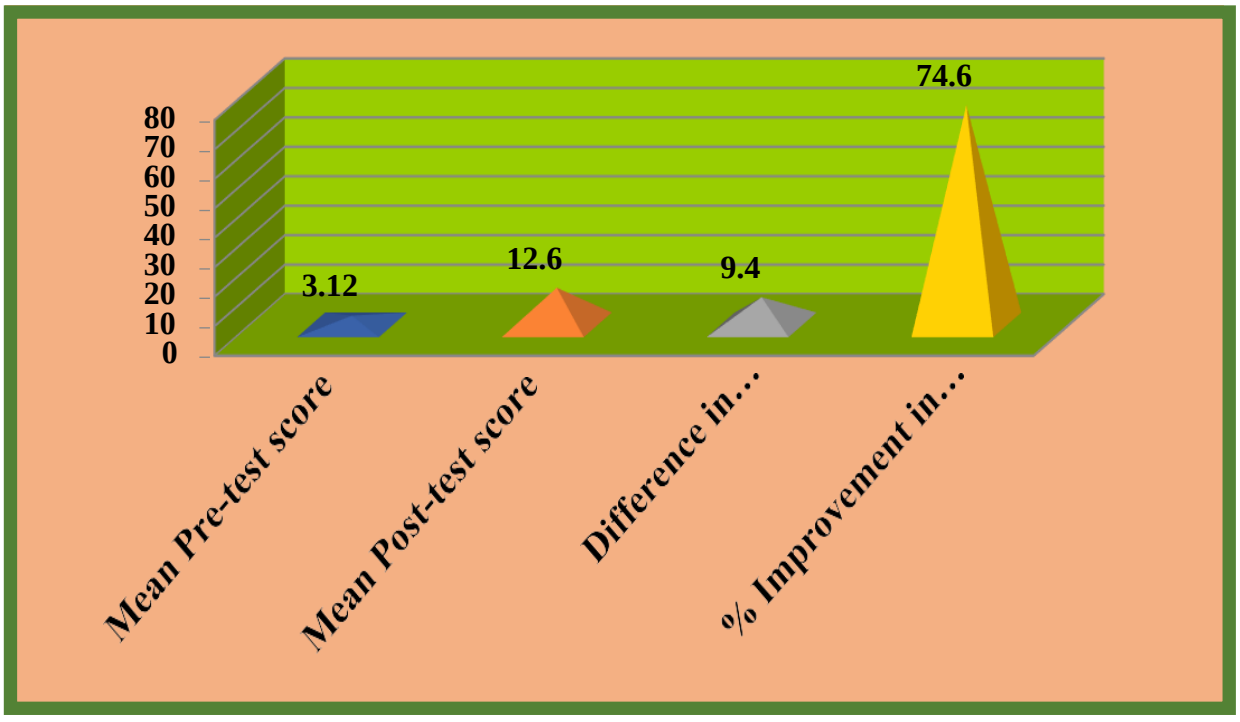
obstetricians and midwives have limited access to evidence which is not emphasized in their learning, practice, or hospital policy. The majority of obstetricians (80%) and midwives (79%)thought an episiotomy rate of 81% is about right. The most common reason for performing episiotomy identified by both obstetricians (83.1%) and midwives (75.5%) was to reduce the risk of 3rd and 4th-degree perineal laceration. The most common obstacle to reducing episiotomy rate reported by obstetricians (78.0%) was lack of training on preventing perinealtears, while the most common obstacles reported by midwives were insufficient time to wait for the perineum to stretch (56.6%) and difficulty changing the conventional practices in the labor ward (52.8%). This study identifies that obstetricians and midwives in Jordan rely on non-evidence-based beliefs to guide their practice on performing an episiotomy. Training, continuing education, and developing evidence-based clinical policies and guidelines for surgical procedures, such as in an episiotomy, are needed necessarily

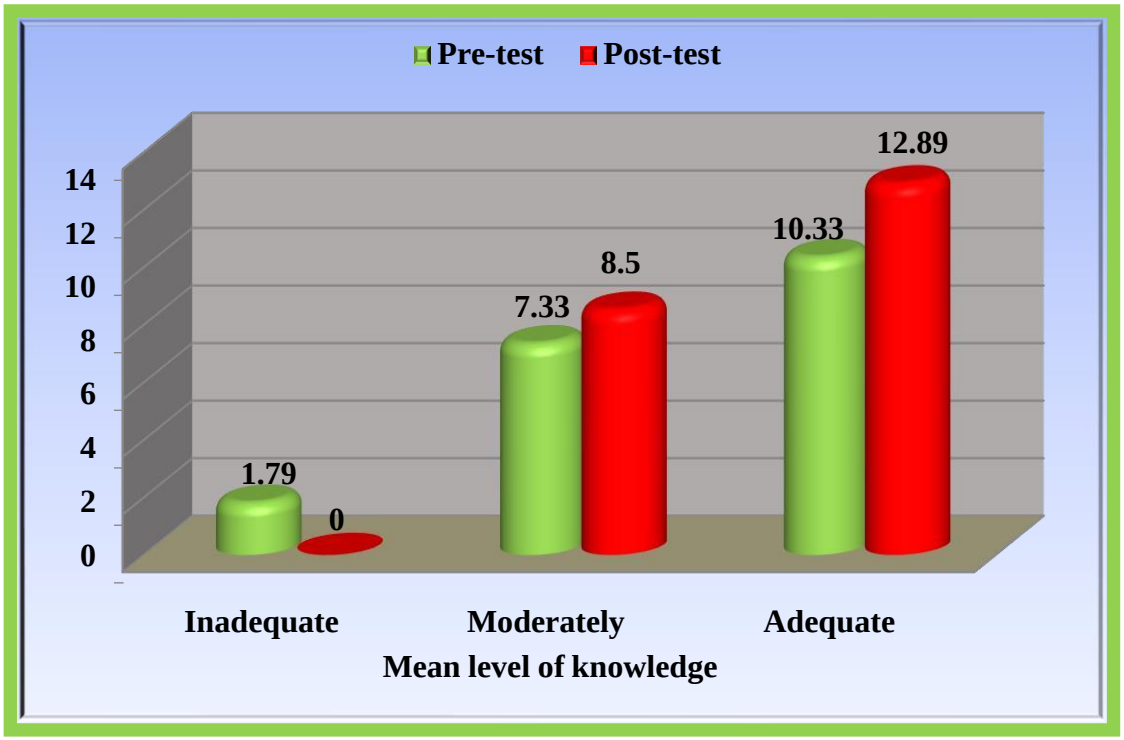
METHODOLOGY

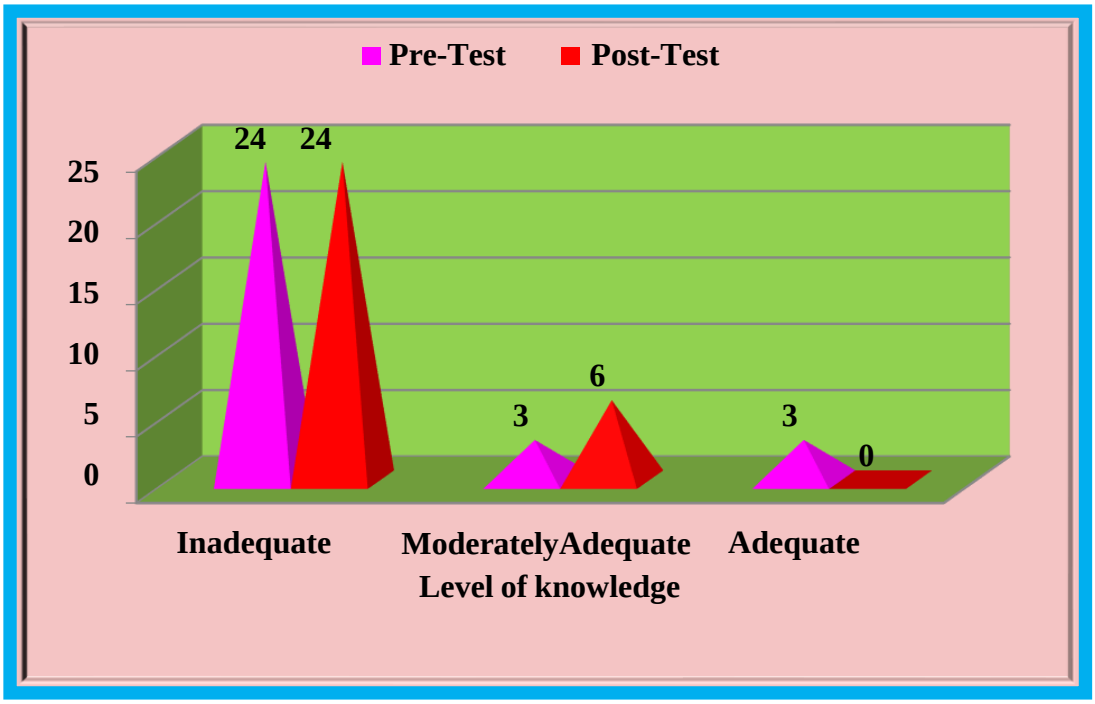
The research investigator adopted a descriptive and evaluative research approach. The researchinvestigator used logical research design such as a quasi-experimental non-equivalent pretest-posttest control group design to evaluate the effectiveness of a structured teaching program onknowledge regarding betadin sitz bath on episiotomy or perineal tear wound healing among postnatal mothers at district government maternal and child health hospital Vijayapur Karnataka state. The required sample size for the present study was 294 in each group keepinga 10% dropout rate. The research scholar collected 300 samples in each group by using purposive sampling techniques. The tool used in the present study was a structured knowledgequestionnaire regarding the betadin sitz bath technique.

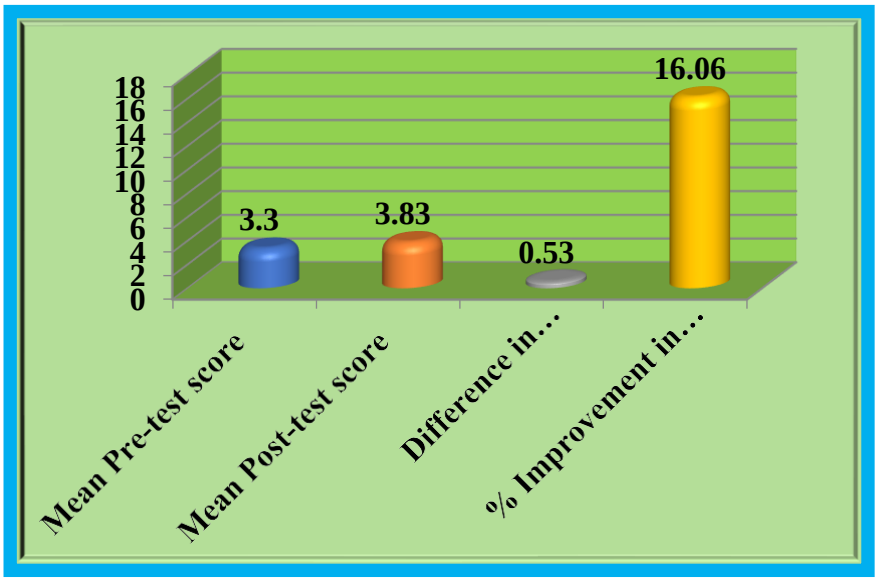
RESULTS

Table .1 Comparison of pre-test and post-test total of knowledge score of the study participants regarding betadin sitz bath on episiotomy or perineal tear wound healing in EG.




Pre-test
Post-test
14
12
10
8
6
4
2
0
1.79
0
7.33
8.5
10.33
12.89
Inadequate
Moderately
Adequate
Mean level of knowledge


Pre-Test
Post-Test
25
20
15
10
5
0
24
24
3
6
3
0
Inadequate
ModeratelyAdequate
Adequate
Level of knowledge



CONCLUSION:

It was concluded that structured teaching program was effective in increasing the knowledge of the postnatal mothers in EG.

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